

Youth & Neighborhood Services
Year Round Participant Registration Information

Registration and Assumption of Risk Form

All information must be completed

Name: _____ Date of Birth: _____

School Attended: _____ Age: (Must be 6 years old at the time of registration) _____

Address: _____ Lynchburg, VA 2450__

Home Phone: _____ 2nd Phone: _____

Emergency contacts in the event parent cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Allergic reactions or special needs:

Assumption of Risk:

I understand that there are always risks involved with participating in recreational activities including the risk of physical injury, disability or even death. Being fully aware of these risks, it is my decision to enroll my child in the Youth & Neighborhood Services program. I hereby agree that neither I or my child, our legal representatives, heirs, successors or assigns, will hold the City, its officers, employees, volunteers, sponsors or instructors, responsible for any injuries, disabilities, death or any losses that my child may sustain as a result of participation in this program. I, likewise, release from liability, any person transporting my child to and from program activities. In the event of a medical emergency, I authorize representatives of Lynchburg Parks and Recreation to contact EMS at 911, if the parent is not available. In the event my child requires medical treatment, I agree to be responsible for the cost of such treatment.

I declare that my child is physically able to participate in recreational activities. I am aware and agree that my child may be photographed and/or interviewed by news cameras such as WSET and the News and Advance as they are often invited to cover our programs to help raise awareness and promote Park and Recreation activities. I agree to allow Lynchburg Parks and Recreation to use these photographs in any of its publications.

I am aware that this is a drop-in program and my child may chose not to stay at the center during all center hours. I am also aware that the recreation leaders are not responsible for children who leave the center during program hours. I understand and agree that my child may be suspended from the program for violation of program rules. If my child is suspended, I will not receive a refund of activity fees.

Parent Signature: _____ Date: _____

Please initial the appropriate box:

_____ My child has no known food allergies and may eat the snacks/meals provided by the program.

_____ My child has food allergies and may not eat the following snacks or foods: _____
